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Notice of Independent Review Decision

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Neurosurgery

Description of the service or services in dispute:

C4-C5 Anterior Cervical Discectomy and Fusion

Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part / Disagree in part)

Patient Clinical History (Summary)

This patient is a female with complaints of neck pain. On 12/02/13, she was taken to surgery for an anterior cervical discectomy at C5-6 and C6-7 with allograft fusion, anterior cervical plating. On 02/17/14, a CT of the head showed no acute intracranial processes. On 02/17/14, a CT of the cervical spine revealed the patient was status post ACDF from C5 to C7 and there was a 2-3mm anterolisthesis of C3 on C4 and C4 on C5. On 09/04/14, plan x-rays of the cervical spine revealed 2mm anterolisthesis of C4 relative to C5 unchanged. There had been a prior ACDF at C5-6 and C6-7 levels and the graft appeared well-incorporated and plate and screws appeared secure. There was no pathological motion of the cervical spine with flexion or extension. The vertebral bodies maintained normal stature. On 12/08/14, an MRI of the cervical spine was obtained revealing the patient had a prior ACDF at C5-6 and C6-7 levels. There was an unchanged, grade 1 anterolisthesis, of C4 relative to C5 and alignment of the remaining cervical levels was within normal limits. There was mild cervical spondylosis present and there was no evidence for significant central spinal canal stenosis or significant foraminal stenosis throughout the cervical spine. On 12/15/14, the patient returned to clinic and the MRI scan was reviewed. It was noted the MRI showed listhesis at C4-5 as well as angulation. It was noted there was some foraminal impingement but the central canal was okay. On exam, the patient had mild left deltoid weakness and she had paraspinal spasms and decreased range of motion. The plan was to proceed with discectomy and fusion at C4-5 with reestablishment of the lordosis with resolution of her neck and left shoulder pain due to C5 radiculopathy.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

On 12/03/14, a utilization review determination for the requested service, a C4-5 anterior cervical discectomy and fusion noted the request was non-certified. The rationale given was that although the radiographs of the cervical spine did note a 2mm anterolisthesis at C4-5, there is no evidence of motion segment instability on flexion or extension views from the most recent x-rays of the cervical spine. An updated MRI study had been ordered but that study was not made available. No neurological findings were identified. A peer to peer was performed and it was noted that the treating provider indicated that this patient did have radicular symptoms in the shoulders with weakness at the deltoids but no updated imaging was available. The request was non-certified. On 12/19/14, a utilization review determination for the requested C4-5 anterior cervical discectomy and fusion non-certified the request as recent physical examinations showed mild deltoid weakness on the left that was not quantified. No instability at the C4-5 level was noted on flexion or extension views and the recent MRI did not reveal any significant foraminal stenosis or disc herniation. Therefore, the request was non-certified.

This request is for a C4-5 anterior cervical discectomy and fusion. The submitted records include 09/04/14 x-rays of the cervical spine in which it was noted that there is a 2mm anterolisthesis of C4 relative to C5 which was unchanged. There was no pathological motion of the cervical spine with flexion and/or extension. A 12/08/14 MRI of the cervical spine was provided for this review, and at the C4-5 level, there was an unchanged grade 1 anterolisthesis that was no significantly changed from the previous exam. There was mild loss in disc stature at C4-5, with a disc protrusion projecting up to 1mm beyond the posterior C5 vertebral body. Bilateral facet arthropathy was also noted at the C4-5 level. There was no central canal stenosis noted throughout the cervical spine and there was no significant foraminal stenosis seen throughout the cervical spine. This patient was examined on 11/06/14, at which time it was noted that the patient's shoulder joints were non-tender with normal range of motion. The patient had 5/5 motor strength in the lower extremities and 5/5 motor strength in the bilateral upper extremities. Sensation was intact throughout. She had no coordination problems. She had normal range of motion of her cervical spine without tenderness on flexion and/or extension views.

There was no evidence of hyperreflexia. When the patient was examined on 12/15/14, she had some mild left deltoid weakness. Therefore, for the records provided for this review, there is a lack of documentation of instability to the cervical spine, and there is a lack of documentation of significant and/or progressive neurological deficits. There is a lack of evidence of central canal stenosis or neuroforaminal narrowing based on the most recent MRI report. It is the opinion of this reviewer that the request for a C4-5 anterior cervical discectomy and fusion is not medically necessary and the prior denials are upheld.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ☐ ACOEM-America College of Occupational and Environmental Medicine um
- ☐ knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- ☐ DWC-Division of Workers Compensation Policies and
- ☐ Guidelines European Guidelines for Management of Chronic
- ☐ Low Back Pain Interqual Criteria
- ☒ Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- ☐ standards Mercy Center Consensus Conference Guidelines
- ☐ Milliman Care Guidelines
- ☒ ODG-Official Disability Guidelines and Treatment
- ☐ Guidelines Pressley Reed, the Medical Disability Advisor
- ☐ Texas Guidelines for Chiropractic Quality Assurance and Practice
- ☐ Parameters Texas TACADA Guidelines
- ☐ TMF Screening Criteria Manual
- ☐ Peer Reviewed Nationally Accepted Medical **Literature** (Provide a description)

- ☐ Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)